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SUMMER 2004 ADULT BASKETBALL ROSTER

City of Tempe Parks and Recreation
Sports League Registration / Roster Form

TEAM NAME: _____

MANAGER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

(H) PHONE: (____) _____ (W) PHONE: (____) _____

CELL PHONE: (____) _____ PAGER: (____) _____

E-MAIL ADDRESS: _____

"I have read and agree to all the rules of the City of Tempe League and verify to the best of my knowledge.

Manager's Signature: _____ Date: _____

OFFICE USE ONLY / VERIFICATION OF TEMPE RESIDENTS

Registration Status: 50% _____ Tempe Business _____ Returning Team _____ Open _____

<i>Tempe Residents</i>	<i>Non-residents</i>	<i>Percentage of Tempe Residents</i>
		%

Team Roster: Name	Address	City	Zip	Home Phone	Work Phone	E-mail
1) Manager:				()	()	
2) Asst. Manager:				()	()	
3				()	()	
4				()	()	
5				()	()	
6				()	()	
7				()	()	
8				()	()	
9				()	()	
10				()	()	
11				()	()	
12				()	()	
13				()	()	
14				()	()	
15				()	()	
16				()	()	